



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

COPY

(CFA-4)

Summary Sheet

FILE NUMBER

4647

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name
Hall, Render, Killian, Heath & Lyman, P.S.C., Political Action Committee, LLC

2. Acronym or Abbreviated Name (if any)
N/A

3. Committee Telephone Number
(317) 633-4884

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

One American Square, Suite 2000, Box 82064

5. City, State, ZIP Code
Indianapolis, IN 46282

6. Party Affiliation (if applicable)
N/A

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
N/A

8. Party Affiliation or If Independent Candidate
N/A

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)
N/A

10. County of Residence
N/A

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:

☐ Pre-Primary ☒ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:
From: 10/11/08 Through: 12/31/08

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

510.76

14. Cash on hand and investments January 1, current year.

2,416.76

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15,169.24

29,847.24

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

15,169.24

29,847.24

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

15,680.00

32,264.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

14,524.00

31,108.00

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

14,524.00

31,108.00

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

1,156.00

1,156.00

19. Debts OWED BY the committee (use Schedule D)

N/A

20. Debts OWED TO the committee (use Schedule E)

N/A

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

Signature of Candidate (if applicable)

Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

21 MAR 2009

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**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

4647

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. Hall, Render, Killian, Heath & Lyman One American Square, Suite 2000 Indianapolis, IN 46282 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | 10,525.24 | 15,169.24 | 10-27-08 T. Kennedy |
| 2. Hall, Render, Killian, Heath & Lyman One American Square, Suite 2000 Indianapolis, IN 46282 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | 4,500.00 | 19,669.24 | 10-28-08 T. Kennedy |
| 3. Hall, Render, Killian, Heath & Lyman One American Square, Suite 2000 Indianapolis, IN 46282 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | 144.00 | 19,813.24 | 12-24-08 T. Kennedy |
| 4. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| 5. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$15,169.24 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet) | | \$15,169.24 | | |



**REPORT OF RECEIPTS AND EXPENDITURES
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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

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Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|---|---|---|-----------------------------------|--|------------------------|
| Code <u>C</u> Friends of Indiana Hospitals One American Sq., Ste 1900 Box 82063 Indianapolis, IN 46282 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 2,000.00 | 2,000.00 | 10/28/08 |
| Code <u>C</u> Friends of Indiana Hospitals One American Square, Suite 1900 Indianapolis, IN 46282 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 2,000.00 | 4,000.00 | 10/28/08 |
| Code <u>C</u> Friends of Indiana Hospitals One American Square, Suite 1900 Indianapolis, IN 46282 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 2,000.00 | 6,000.00 | 10/28/08 |
| Code <u>C</u> Friends of Indiana Hospitals One American Square, Suite 1900 Indianapolis, IN 46282 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 2,000.00 | 8,000.00 | 10/28/08 |
| Code <u>C</u> Mitch for Governor Campaign Committee 47 S. Meridian Street Indianapolis, IN 46204 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 4,000.00 | 4,000.00 | 10/27/08 |
| Code <u>C</u> Indiana Democratic State Central Committee One North Capitol, Suite 200 Indianapolis, IN 46204 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 2,500.00 | 2,500.00 | 10/28/08 |
| Code <u>O</u> National Bank of Indianapolis 107 N. Pennsylvania, Suite 100 Indianapolis, IN 46204 | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>service</u> Purpose: <u>charges</u> | 24.00 | 108.00 | various dates |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$14,524.0 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet) | | | \$ 14,524. | | |

March 2, 2009

Jennifer Troutman, Program Coordinator
Marion County Election Board
200 East Washington Street, Suite W-144
Indianapolis, IN 46204

Re: 2008 Annual Election Campaign Finance Report

Dear Ms. Troutman:

Jeffrey Peek of our office received a letter from Laurel S. Judkins dated February 20, 2009 regarding a Delinquent 2008 Annual Election Campaign Finance Report. Per our conversation on February 24, 2009, you indicated that you needed a letter from the Hall Render PAC stating that we file our annual CFA-4 report with the Indiana Election Commission, and that as long as we continued to file the CFA-4 with the State, we did not need to file with the Marion County Election Board.

If you have any questions, please do not hesitate to contact me.

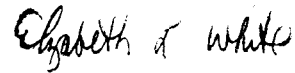
Very truly yours,

HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.



Joan Bullock
Legal Secretary

cc: Laurel S. Judkins, Director of Elections
Jeffrey Peek, Committee Treasurer



MAR 03 2009

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State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

COPY

(CFA-4)

Summary Sheet

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

FILE NUMBER

4647

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name
Hall, Render, Killian, Heath & Lyman, P.S.C., Political Action Committee, LLC

2. Acronym or Abbreviated Name (if any)
N/A

3. Committee Telephone Number
(317) 633-4884

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Indianapolis, IN 46282

6. Party Affiliation (if applicable)
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7. Full Name of Candidate (Include any nickname)
N/A

8. Party Affiliation or If Independent Candidate
N/A

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)
N/A

10. County of Residence
N/A

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☒ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
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12. Reporting Period:
From: 10/11/08 Through: 12/31/08

COLUMN A
This Period

COLUMN B
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N/A

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Treasurer

Date

1/9/09

Signature of Candidate (if applicable)

Date

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS**
Itemized Contributions and Other Receipts

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| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. Hall, Render, Killian, Heath & Lyman One American Square, Suite 2000 Indianapolis, IN 46282 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | 10,525.24 | 15,169.24 | 10-27-08 T. Kennedy |
| 2. Hall, Render, Killian, Heath & Lyman One American Square, Suite 2000 Indianapolis, IN 46282 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | 4,500.00 | 19,669.24 | 10-28-08 T. Kennedy |
| 3. Hall, Render, Killian, Heath & Lyman One American Square, Suite 2000 Indianapolis, IN 46282 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | 144.00 | 19,813.24 | 12-24-08 T. Kennedy |
| 4. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| 5. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$15,169.24 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet) | | \$15,169.24 | | |

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

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| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|---|---|---|-----------------------------------|--|------------------------|
| Code <u>C</u> Friends of Indiana Hospitals One American Sq., Ste 1900 Box 82063 Indianapolis, IN 46282 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 2,000.00 | 2,000.00 | 10/28/08 |
| Code <u>C</u> Friends of Indiana Hospitals One American Square, Suite 1900 Indianapolis, IN 46282 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 2,000.00 | 4,000.00 | 10/28/08 |
| Code <u>C</u> Friends of Indiana Hospitals One American Square, Suite 1900 Indianapolis, IN 46282 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 2,000.00 | 6,000.00 | 10/28/08 |
| Code <u>C</u> Friends of Indiana Hospitals One American Square, Suite 1900 Indianapolis, IN 46282 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 2,000.00 | 8,000.00 | 10/28/08 |
| Code <u>C</u> Mitch for Governor Campaign Committee 47 S. Meridian Street Indianapolis, IN 46204 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 4,000.00 | 4,000.00 | 10/27/08 |
| Code <u>C</u> Indiana Democratic State Central Committee One North Capitol, Suite 200 Indianapolis, IN 46204 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 2,500.00 | 2,500.00 | 10/28/08 |
| Code <u>O</u> National Bank of Indianapolis 107 N. Pennsylvania, Suite 100 Indianapolis, IN 46204 | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>service</u> Purpose: <u>charges</u> | 24.00 | 108.00 | various dates |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$14,524.0 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet) | | | \$ 14,524. | | |